

| Contact Person Telephone Number Fax Number Email Address Indentify the State Term Contract and Commodity or Service for Which an Exception is Requested Describe the Reason Your Needs Cannot Be Met by the State Term Contract Identify the Commodity Service and Vendor You Seek to Use in Lieu of the State Contract. Include the Quantity, Unit Price, and Total Dollar Value (Including any Options for Extensions or Renewals) | Name of Agency or Institution | | | | Business Unit Number | Tracking Number | | Request Date | |
|---|--|------------------------|-------------|-------------------------------|----------------------|-----------------|----------------|-------------------------|--|
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